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UNCLAS SANTIAGO 000610

STATE FOR WHA/BSC, WHA/EPSC
STATE FOR OES/IHB - PASS TO LISA MILLER
STATE FOR MED
CDC - PASS TO ANTHONY MOUNTS
EMBASSY LIMA - PASS TO RMO/DR. R. MICHAEL NESEMANN

SENSITIVE
SIPDIS

E.O. 12958: N/A
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SUBJECT: CHILE: Over 5,100 Confirmed A/H1N1 CASES;

REFS: (A) Santiago 574; (B) Santiago 562

11. (SBU) SUMMARY: As of June 23, Chile's Ministry of Health (MINSAL) reported 5,186 cases of A/H1N1 confirmed by laboratory testing and related 7 deaths. If clinically diagnosed cases are included, the total number of infected people is significantly higher. According to MINSAL, emergency measures had been implemented to cope with high demands at hospitals, including the distribution of medical personnel, equipment and treatment courses throughout the country. The media is reporting long waits in emergency rooms, public hospitals on the edge of collapse, and serious drops in school attendance. On June 25, the Minister of Health announced an additional \$4 million for public hospitals to deal with A/H1N1. International cooperation on health issues was a topic during President Bachelet's visit to the United States and Mexico this week. END SUMMARY.

Evolution of AH1N1

12. (U) As of June 23, Chile's Public Health Institute (ISP) had confirmed 5,186 cases of AH1N1 using polymerase chain reaction (PCR) laboratory tests. MINSAL is strictly only reporting those cases confirmed through laboratory testing, and not including clinically diagnosed cases in the tally. Among confirmed cases, 3.5% have required hospitalization, 17.2% are under treatment at their homes, and 7 patients have died (0.1%). Below is a breakdown for cases reported as of June 23:

- Total confirmed cases via PCR at ISP: 1,071;
- Total confirmed cases via PCR at private hospitals: 4,115;
- Total confirmed cases via PCR with severe respiratory complications: 183;
- Total confirmed cases via PCR resulting in death: 7;
- Total confirmed cases for ages 20 and 39 years old: 987; and,
- Age group most affected by AH1N1 is between 5 and 19 years old: 3,117 cases (61% of total).

Emergency Rooms Under Pressure

13. (U) In addition to A/H1N1, Chile is coping with seasonal influenza and respiratory viruses, such as sincicial respiratory virus. This confluence is placing unprecedented demands on both private and public health and emergency services and created Waiting times of up 7 hours at public hospitals, which are reported by the media to be on the verge of collapse. Emergency room visits for respiratory complaints have tripled, from about 200 patients daily

to close to 700. According to MINSAL, the high demand on emergency room services will continue for at least two more weeks.

¶4. (U) The number of hospitalizations of children due to both A/H1N1 and the sincicial is currently about 110 per day and increasing. About 35 adults are being hospitalized each day, mostly for A/H1N1, compared to 25 per day in 2008. As of June 25, there two more deaths linked to A/H1N1, a 22-year old college student and a 6-year old, both from southern Chile.

Measures to Cope with H1N1 - \$4 Million for Public Hospitals

¶5. (U) MINSAL is implementing the June 17 emergency decree, reinforcing the primary emergency health care system by increasing working hours, the number of physicians (especially pediatricians, and the number of available treatment rooms. Care is prioritized based upon severity of symptoms, not order of arrival, which has resulted in long wait times for many patients. MINSAL will also be distributing 75 new ventilation support units and 5 new PCR (ref b) laboratory machines throughout the country.

¶6. (U) On June 25, Minister of Health Alvaro Erazo announced that Chile would budget an additional \$4 million to enhance public hospitals' capacity to handle the spread of A/H1N1. Saying that "the Chilean health system is in one of its more complex situations" and consultations for influenza cases continue to increase, Erazo explained the budget will focus on building more emergency rooms at public hospitals and reinforcing health centers outside of Santiago.

¶7. (U) MINSAL continues to report that only 305,000 treatments courses of Oseltamivir (Tamiflu and generic) have been distributed to public and private emergency rooms throughout the country (reftels). In addition, MINSAL still retains 650,000 treatment courses, an amount it deems "sufficient, according to the evolution of the pandemic so far in Chile."

Seasonal Viruses and AH1N1 Impacting School Attendance

¶8. (U) AH1N1 and other seasonal diseases have increased absenteeism in schools. Absentee rates for the schools located in the eastern side of Santiago (most of them private) has hit 30%, and has been most pronounced among elementary schools. [Note: Not all absences are due to illness because some parents may be keeping children, especially elementary age kids, out of class. End note]. Some private schools have temporarily closed because sickness has reduced teaching staff. However, the Ministry of Education has ruled out closing schools or moving up the regularly scheduled winter vacation (July 13-27).

COMMENT: CHILE Seeks Collaboration, Not Assistance

¶9. (SBU) To Post's knowledge, the GOC has not sought international assistance in dealing with the pandemic. During her visit to Washington, however, President Bachelet called on countries to work together to mitigate the impact of A/H1N1 on public health and criticized "protectionist" measures such as travel restrictions as counterproductive. MINSAL is taking all possible measures to increase human capacity and equipment for the public health care system and undertaking research and studies on the behavior of the virus. Chile continues to work closely with PAHO, and a team from the U.S. Centers for Disease Control and Prevention (CDC) is exchanging information and expertise with Chilean health officials to better evaluate the epidemic. END COMMENT.
SIMONS